COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. -El Agent ☐ Addressee Print your name and address on the reverse C. Date of Delivery so that we can return the card to you. B. Received by (Printed Name) 16-12 Attach this card to the back of the mailpiece, arnes or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: 1. Article Addressed to: 3. Service Type Certified Mail ☐ Express Mall A Return Receipt for Merchandise ☐ Registered ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7010 2780 0000 5810 0201 (Transfer from service label) 102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

U.S. Postal Service MAIL RECEIPT 0201 OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS.

S. SUCLEAR REGULATORY COMMISSION WASHINGTON, D.C., 20555-0001 87 Postage Certified Fee 0000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2780 Total Postage & Fees Sent To 7010 Street, Apt. No. or PO Box No. Mc60rdel 7/9/2012